

## BIRTH CERTIFICATE REQUEST FORM INSTRUCTIONS

### PLEASE READ THESE INSTRUCTIONS CAREFULLY.

Failure to do so will cause a significant delay in processing your request.

A person may obtain only his or her own birth certificate, except for parents who may obtain their own child's certificate. Send the request form or a letter which includes the following information:

- Full first, full middle and full last name as it appears on the birth certificate
- Date of birth
- Town, city, or village in Alaska where the birth occurred
- Father's full first, full middle and last name if listed on the birth certificate
- Mother's full first, full middle and maiden name
- Your relationship to the person named on the certificate

**ALL REQUESTS MUST INCLUDE A COPY OF PICTURE ID OF THE APPLICANT. Enlarge the copy and lighten it as much as possible to be sure that it is clear and readable when sent to the Bureau. A signature under the copied ID is also required.**

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- **SUBMITTING REQUEST** - Print and complete the request form and mail it to the address as indicated. Remember to sign your request and enclose the correct fees as well as a copy of picture ID. For births which occurred outside of Alaska, requests must be sent directly to the appropriate state.
- **PROCESSING TIME**- Requests sent by regular mail will be processed approximately 5-10 working days after receipt by the Bureau of Vital Statistics. Faxed requests submitted with credit card payment will normally be processed within 3-5 working days after receipt. Please note that the \$11.00 charge for using a credit card is **not** for expedited service.
- **FEES** - Each certified copy of a certificate is \$20.00. **This fee is nonrefundable.** If the requested record cannot be found, the \$20.00 will be used for a 3-year search and a statement of search will be issued. Enclose an additional \$1.00 per year for an extended search.

Birth Certificates requiring authentication for a foreign country have additional fees. The additional charge is \$12.00 for the first record, with \$2.00 added for each additional copy of the same record. This includes the \$2.00 fee for the Lt. Governor's office. The country that the record is being sent to must be noted on your request.

All NSF checks will be sent to a collection agency. There will be a \$25.00 charge.

- **CREDIT CARDS** - Purchase by credit card requires an additional \$11.00 fee. Orders may be processed by completing the request form and sending it to the Bureau of Vital Statistics by fax or mail, or may be processed directly online at:

[www.vitalchek.com](http://www.vitalchek.com)

Faxed requests submitted with credit card payment will normally be processed 3-5 working days after receipt by the Bureau of Vital Statistics. Please note that the \$11 credit card fee is **not** for expedited service.

- **CONTACT INFORMATION** - For additional information on obtaining Alaska Vital Records, please contact the Records Processing Unit in Juneau at (907) 465-3391.

**STATE OF ALASKA  
BIRTH CERTIFICATE REQUEST FORM**

- You may type directly on this form and print it or you may print the form first and then complete it by hand.
- If completed by hand, be sure that all information is printed and legible.
- Requests sent by regular mail will be processed within 5-10 working days of receipt by the Bureau of Vital Statistics.
- Faxed requests submitted with credit card payment will be processed within 3-5 working days after receipt.
- Due to identity theft concerns, requests **must** include full first, full middle and last names of the parent(s) and child **as they appear on the birth certificate**.
- The information you provide must be complete and accurate. **Incomplete or inaccurate requests will create significant delays in processing.**

**REQUIRED INFORMATION**

First, Middle and Last Name of Child: \_\_\_\_\_  
(child's full first, full middle, and last name as it appears on the birth certificate)

Date of Birth: \_\_\_\_\_

City or Village of Birth (in Alaska only): \_\_\_\_\_, Alaska

Mother's First, Middle, and **Maiden Name**: \_\_\_\_\_  
(mother's full first, full middle, and maiden name as it appears on the birth certificate)

If Father Listed on Certificate;

Father's First, Middle, & Last Name: \_\_\_\_\_  
(father's full first, full middle, and last name as it appears on the birth certificate)

Relationship to Child: \_\_\_\_\_  
(i.e. self, parent, legal guardian)

Signature of Applicant: \_\_\_\_\_  
(individual named on certificate [14 or older], legal guardian, or parent applicant)

**THE PERSON REQUESTING THE CERTIFICATE MUST INCLUDE A COPY OF PHOTO ID WITH THIS FORM.  
SIGNATURE BELOW THE COPY OF THE PHOTO ID IS REQUIRED.**

**ADDITIONAL SEARCH INFORMATION**

Name of Hospital of birth or Other Facility: \_\_\_\_\_

If unsure of birthday, date range of search: \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

**Mail this form with a preprinted check  
or money order**

**Payable to:** Bureau of Vital Statistics  
5441 Commercial Blvd.  
Juneau, AK 99801  
**Phone:** (907) 465-3391  
**Fax:** (907) 465-3618  
**E-Mail:** BVSOFFICE@health.state.ak.us

\_\_\_\_\_ Standard Size Certificates @ \$20/each = \$ \_\_\_\_\_

\_\_\_\_\_ Wallet Size Certificates @ \$20/each = \$ \_\_\_\_\_

Ship by: Regular (No extra charge)

Priority Mail (Add \$3.85) \$ \_\_\_\_\_

Express (Add \$13.65) \$ \_\_\_\_\_

DHL (No PO Box / Add \$15.50) \$ \_\_\_\_\_

Payment by Credit Card (Add \$11.00) \$ \_\_\_\_\_

**TOTAL CHARGE \$ \_\_\_\_\_**

To pay by credit card: (additional \$11.00)

Name on Credit Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Visa

MasterCard

Discover

AmEx

Cardholder Signature (required): \_\_\_\_\_